

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008556

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1871

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis, Mo.

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Park Lane Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3522 Magnolia

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Charles

Middle

A.

Earle

Last

4. DATE OF DEATH

Month

Day

Year

2-19-63

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☐

8. DATE OF BIRTH

2-2-1880

9. AGE (last birthday)

83

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10b. KIND OF BUSINESS OR INDUSTRY

Agency

11. BIRTHPLACE (City and state or country)

Indiana

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Thomas Earle

13b. MOTHER'S MAIDEN NAME

Ann Bromwich

14. NAME OF HUSBAND OR WIFE

Carrie Thomas Earle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

Carrie Earle 3522 Magnolia

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

420.1

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hydration Acidosis, Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH

Seven hours

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/19/63 to 2/19/63 and last saw her alive on 2/19/63

Death occurred at 3 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alonzo M. D.

22b. ADDRESS

505 University Club Bldg

22c. DATE SIGNED

2/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-22-63

23c. NAME OF CEMETERY OR CREMATORY

Thomas Cemetery

23d. LOCATION (City, town, or county)

Graniteville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Welch Bros 2201 S. Grand

25. TIME RECEIVED BY LOCAL REG.

FEB 20 1963

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Dr C. M. Allen W 2-4272
U. C. B. B. B. B.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.